

DASA TARGET DATA ELEMENTS

Discharge or ADATSA Closure

ADATSA: ☐ Yes ☐ No

AGENCY NUMBER

STAFF IDENTIFICATION

SECTION I: CLIENT INFORMATION

1. LAST NAME

2. FIRST NAME

3. MIDDLE NAME

4. DATE OF BIRTH

5. DISCHARGE OR CLOSURE TYPE (CHECK ONE BOX ONLY)

- | | |
|--|---|
| <input type="checkbox"/> Charitable Choice | <input type="checkbox"/> No Contact/Abort |
| <input type="checkbox"/> Client Died | <input type="checkbox"/> Not Amenable to Treatment/Lacks Engagement |
| <input type="checkbox"/> Completed Treatment | <input type="checkbox"/> Rule Violation |
| <input type="checkbox"/> Funds Exhausted | <input type="checkbox"/> Transferred to Different Facility |
| <input type="checkbox"/> Inappropriate Admission | <input type="checkbox"/> Withdrew Against Program Advice |
| <input type="checkbox"/> Incarcerated | <input type="checkbox"/> Withdrew With Program Advice |
| <input type="checkbox"/> Moved | |

SECTION II: DISCHARGE

1. ADMISSION DATE

2. DISCHARGE DATE

3. DISCHARGE TIME

:

4. LEFT TREATMENT DUE TO RELAPSE

☐ Yes ☐ No ☐ Unknown

5. IF RECOMMENDING CONTINUING ALCOHOL/DRUG TREATMENT (CHECK ONE MODALITY BOX)

- | | |
|---|--|
| <input type="checkbox"/> Detoxification | <input type="checkbox"/> Long-Term Residential |
| <input type="checkbox"/> Group Care Enhancement | <input type="checkbox"/> Methadone/Opiate (Substitution) Treatment |
| <input type="checkbox"/> Intensive Inpatient | <input type="checkbox"/> Outpatient |
| <input type="checkbox"/> Intensive Outpatient | <input type="checkbox"/> Recovery House |

6. Has client been essentially compliant with program or treatment expectations: ☐ Yes ☐ No

7. OTHER SERVICE REFERRAL (CHECK ALL THAT APPLY)

- | | |
|---|--|
| <input type="checkbox"/> ADATSA Assessment Center | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> ATR Services | <input type="checkbox"/> Other Health Care Provider |
| <input type="checkbox"/> Gambling Treatment | <input type="checkbox"/> Self-Help Group |
| <input type="checkbox"/> Housing Assistance | <input type="checkbox"/> Transitional Housing |
| <input type="checkbox"/> Medical/Dental Services | <input type="checkbox"/> Vocational Rehabilitation/Job Placement |
| <input type="checkbox"/> Mental Health Services | |
| <input type="checkbox"/> None | |

RECOMMENDED ASAM PLACEMENT LEVEL:

SECTION III: ADATSA CLOSURE (ASSESSMENT CENTERS ONLY)

1. ASSESSMENT DATE

2. CLOSURE DATE